

## ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Division of Developmental Disabilities

Employment Supports &amp; Services

**JOB COACH AGREEMENT**  
**Individual Supported Employment Services**

CONSUMER'S NAME ( <i>Last, First, M.I.</i> )	DATE
SUPPORT COORDINATOR'S NAME	DDD I.D. NO.
QUALIFIED VENDOR'S NAME	PHONE NUMBER ( <i>Include area code</i> )
QUALIFIED VENDOR'S ADDRESS ( <i>P.O. Box, No., Street, City, State, ZIP</i> )	
EMPLOYMENT OBJECTIVE	

The purpose of this agreement is to delineate the services and supports to be provided including timeframes.  
 Task No. 1 is pre-checked, as this is a requirement.

TASKS	HOURS
<input type="checkbox"/> 1. Participate with the consumer's Individual Support Plan team, to develop and implement an Individual Support Plan that identifies vocation outcome/objectives, including making referrals to Vocational Rehabilitation for progressive moves.	Comments:  
<input type="checkbox"/> 2. Orient the consumer to health and safety aspects/requirements on his/her particular job.	Comments:  
<input type="checkbox"/> 3. Provide ongoing job coaching/monitoring of the performance and general job-related skills of the consumer; identify both strengths and barriers to maintaining employment.	Comments:  
<input type="checkbox"/> 4. Resolve training/work issues, as well as assist the consumer in resolving any life/personal problems that may interfere with the job performance.	Comments:  
<input type="checkbox"/> 5. Assist consumer in learning new skills necessary for maintenance or advancement in his/her employment setting.	Comments:  
<input type="checkbox"/> 6. Assist the consumer to understand and fulfill necessary expectations for dress, hygiene, and demeanor applicable to the work environment.	Comments:  

<input type="checkbox"/> 7. Assess, and if necessary, provide assistance to consumer regarding interaction with his/her supervisor, fellow employees, and the general public.	
Comments:	
<input type="checkbox"/> 8. Provide as necessary short-term job coaching at the job site to assist the consumer in acclimating to the job.	
Comments:	
<input type="checkbox"/> 9. Assist in educating employer and co-workers in the abilities and limitations directly related to the consumer and his/her job.	
Comments:	
<input type="checkbox"/> 10. Assist the consumer in identifying and obtaining job enhancement ( <i>e.g., pay increase, taking on more job responsibilities</i> ) and promotional/progressive moves.	
Comments:	
<input type="checkbox"/> 11. Other	
Comments:	

  

START DATE	END DATE	TOTAL HOURS - WEEKLY	TOTAL HOURS - MONTHLY
CONSUMER'S NAME	CONSUMER'S SIGNATURE	DATE	
SUPPORT COORDINATOR'S NAME	SUPPORT COORDINATOR'S SIGNATURE	DATE	
GUARDIAN'S NAME	GUARDIAN'S SIGNATURE	DATE	
QUALIFIED VENDOR'S NAME	QUALIFIED VENDOR'S SIGNATURE	DATE	
EMPLOYMENT PROGRAM SPECIALIST'S NAME	EMPLOYMENT PROGRAM SPECIALIST'S SIGNATURE	DATE	
DPM/DESIGNEE'S NAME	DPM/DESIGNEE'S SIGNATURE ( <i>Approval</i> )	DATE	

Routing: Original – Support Coordinator, Copy - Consumer/Consumer's Representative, Copy – District File

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TDD Services: 7-1-1.